



Commonwealth of Virginia  
Board of Towing and Recovery Operators  
c/o Department of Motor Vehicles  
Post Office Box 27412  
Richmond, VA 23269-0001

Web Page: [www.btro.vi.virginia.gov](http://www.btro.vi.virginia.gov) Telephone No. (804) 367-0714

**For Office Use Only:** Date Received: \_\_\_\_\_ Fee Amount Received: \_\_\_\_\_  
Pending Application No. \_\_\_\_\_ Approval Code: \_\_\_\_\_

**INITIAL APPLICATION FOR TOWING AND RECOVERY OPERATOR LICENSE**

**General Instructions**

- Use this application when applying for an initial operator's license.
- Complete the application in its entirety, including providing the attachments. DO NOT LEAVE ANY BLANKS. Incomplete applications and not providing the applicable attachments will delay the processing.
- Please print or type all answers, and do not use pencil.
- Ensure application is signed/dated by the appropriate individual.
- Enclose a non-refundable check or money order made payable to the "Treasurer of Virginia". You may also pay by credit card as provided in the application.
- Additional information may be requested after receipt of and review of the application and its attachments.
- Retain a copy for your records.
- Ensure that the Responsible Individual can be easily reached and is readily available.
- Mail the completed application to the **Board of Towing and Recovery Operators c/o Department of Motor Vehicles, Post Office Box 27412, Richmond, VA 23269-0001.**

**LICENSE TYPE APPLIED FOR**

*Check One*

\_\_\_\_\_ Class A - For towing vehicles of unlimited weight

\_\_\_\_\_ Class B - For towing vehicles of a gross vehicle weight of 26,000 or less

**BUSINESS INFORMATION**

1.	Name of Business	_____	
		(As it should appear on the license if approved)	
	Trading As:	_____	
		(Include any fictitious names, dba names, etc. - attach a separate page if necessary)	
2.	Physical Address of Business:	_____	
	City, State & Zip Code	_____	
	Mailing Address, if different:	_____	
	City, State & Zip Code	_____	
3.	Email Address	_____	
4.	Telephone and Facsimile Nos.	( ) _____	( ) _____
		Telephone	Facsimile
	Cell Phone Nos.	( ) _____	( ) _____
5.	Business Entity Type - Select One		
	Sole Proprietorship	<input type="checkbox"/>	Limited Partnership <input type="checkbox"/>
	General Partnership	<input type="checkbox"/>	Limited Liability Company <input type="checkbox"/>
		Association <input type="checkbox"/>	Corporation <input type="checkbox"/>
	Taxpayer Identification Number - Select and Complete One		
	Federal Employer Identification No.	[ ][ ] — [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]	
	or		
	Sole Proprietor's Social Security No.	[ ][ ] — [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]	

**BUSINESS INFORMATION**

6. Did you own and operate your towing and recovery business on or before January 1, 2006?

☐

No

☐

Yes

If yes, please include supporting documentation, including, but not limited to, a copy of a state or federal tax return, or a local business license; a receipt for payment of other taxes or governmental fees; or paid purchase order forms or similar documents related to the repair, lease, or purchase of a tow truck.

7. List the street addresses for ALL other facilities and offices (attach a separate page if necessary).

(a) \_\_\_\_\_

(b) \_\_\_\_\_

(c) \_\_\_\_\_

9. Provide the full name of the Responsible Individual, their title, SSN or DMV Customer Number, and a number where they can be easily reached. The Responsible Individual is the person representing the business and is accountable for all aspects of the license for the operator. The Responsible Individual must be knowledgeable of all applicable state, federal, and local laws and regulations related to the tow and recovery services the licensee offers or renders, and for ensuring that the operator conforms to them. The Responsible Individual is either the principal owner or chief executive officer of the business entity, or manager of business operations for the operator. Additionally, they should be readily available and able to timely respond to the Board.

Responsible Individuals Full Name: \_\_\_\_\_

First

Middle

Last/Suffix

Title \_\_\_\_\_

SSN or DMV Control No. \_\_\_\_\_

Daytime Contact No. \_\_\_\_\_

( )

Cellular Number: \_\_\_\_\_

( )

10. List the name of the Principal Owner (if more than one Principal Owner, list all) and all other individuals involved in the management and operation of the business. For example, the sole proprietor, partners of a general partnership, managing partner of a limited partnership, officers/directors of an association, managers/members of a limited liability company, or officers of a corporation (attach a separate list if necessary).

Individuals Full Legal Name	Title	SSN or DMV Customer No.

**Yes****No**

11. Does the applicant business have a current or expired towing or recovery license, certification or registration in another state?

*If yes, provide copies of the most recent license, certification or registration(s).*

\_\_\_\_\_

\_\_\_\_\_

12. Does the Responsible Individual or Principal Owner have a current or expiring towing or recovery license, certification or registration in another state?

*If yes, provide copies of the most recent license, certification or registration(s).*

\_\_\_\_\_

\_\_\_\_\_

13. Has any local, Virginia or other state, or national regulatory body subjected the applicant, the Responsible Individual, or the Principal Owner to any disciplinary actions taken against it in any administrative, civil, or criminal proceeding related to the operation, management or conduct of services provided by the applicant?

*If yes, provide copies of the findings, and identify the entity.*

\_\_\_\_\_

\_\_\_\_\_

## BUSINESS INFORMATION

	Yes	No
14. Has any local, Virginia or other state, or national regulatory body subjected the applicant, the Responsible Individual, or the Principal Owner to suspension or revocation of any license or certification? <i>If yes, provide copies of the findings, and identify the entity.</i>	_____	_____
15. Has the owner, manager, or other individual involved in the operation, management, or conduct of the business, including the Responsible Individual, ever been convicted of any misdemeanor criminal offense? <i>If yes, provide a certified copy of the applicable warrants.</i>	_____	_____
16. Has the owner, manager, or other individual involved in the operation, management, or conduct of the business, including the Responsible Individual, ever been convicted of any felony criminal offense? <i>If yes, identify the individual(s) below, provide a certified copy of the applicable warrants, a national criminal history record check for each person, and any other information that you would like the Board to consider including status of incarceration, parole or probation, reference letters, etc.. If the person is applying for a Driver's Authorization Document, a national criminal history record check is not required.</i>	_____	_____

  

Individuals Full Legal Name	Applying for or has a Driver Authorization Document? (Yes or No)	SSN or DMV Customer No.

  

	Yes	No
15. Does the Responsible Individual understand that all towing and recovery operators must comply with the local licensing requirements of all counties, cities, and towns in which work is performed?	_____	_____
16. <b><u>Provide a list of all drivers employed or contracted by your business to drive tow trucks,</u></b> including full name, valid driver's license number and expiration date, State of issuance, and their Driver Authorization number assigned by the Board. The Responsible Individual understands that only drivers that hold a valid drivers license issued by their State of residence and holding a valid Driver's Authorization Document issued by the Board can drive the tow trucks for the applicant. <b>List attached?</b>	_____	_____
17. <b><u>Provide a copy a current vehicle registration for the tow trucks that will be utilized by the applicant .</u></b>  Total Number of Tow Trucks: _____	_____	_____
18. <b><u>Attach a copy of the current certificate of insurance</u></b> that provides for the following in accordance with 24 VAC 27-30-110.4. of the Board's Regulations: (1) Commercial General Liability – Minimum Insurance Coverage of \$750,000, (2) Auto Liability – Minimum Insurance Coverage of \$750,000, (3) Garage Keepers/On the Hook – Minimum Insurance Coverage of \$50,000, and (4) Workers Compensation – As required by State or Federal Law. A declaration page or other proof of insurance cannot be processed. <b><i>Copy of certificate of insurance attached?</i></b>	_____	_____

### Certification by the Principal Owner

I, the undersigned, hereby certify that the statements, answers, and documents provided herein are true, and I have not suppressed any information that might affect the Board's decision to approve this application. I certify that I will notify the Board if the business, the Responsible Individual, or any other individual involved in the operation, management or conduct of the business are subject to any disciplinary action, or convicted of any felony or misdemeanor charges (in any jurisdiction) prior to the receipt of the requested license. I certify that I am a principal owner and am authorized to bind the applicant to contracts and other legal obligations. I also certify that I understand, have complied with, and will comply with, all of the laws of the Commonwealth of Virginia related to towing and recovery licensure under the provisions of 46.2-Chapter 28 of the Code of Virginia, and the Board of Towing and Recovery Operators General Regulations for Towing and Recovery Operators – 24 VAC 27-30.

By signing this application, I acknowledge that if I am not a Virginia resident, or move outside of Virginia while I hold a Virginia Towing and Recovery Operators License, I understand that this application serves as a written power of attorney, whereby I appoint the Executive Director of the Board of Towing and Recovery Operators, and his/her successors in office, to be my true and lawful agent and attorney-in-fact, in my stead, upon whom all legal process against and notice to me may be served and who is hereby authorized to enter an appearance on my behalf in any case or proceeding arising out of the trade or professional practiced, and that by submitting this application, I hereby agree that any lawful process against me which is duly served on said agent and attorney-in-fact shall be of the same legal force and validity as if served upon me.

Principal

Owner's Name \_\_\_\_\_

Print Full Name

Principal

Owner's Signature \_\_\_\_\_

Date: \_\_\_\_\_

### FEE SCHEDULE

License Class	Summary of Vehicle Requirements	Number of Vehicles	Application Fee Amount
Class A	For tow vehicles in excess of 26,000 gross vehicle weight, a combination of Class A and Class B tow vehicles, or for an unlimited amount of tow vehicles.	Unlimited, or over 26,000 gross vehicle weight	\$500.00
Class B	For tow vehicles under 26,000 gross vehicle weight	One or two tow vehicles	\$250.00
Class B	For tow vehicles under 26,000 gross vehicle weight	Three tow vehicles	\$300.00
Class B	For tow vehicles under 26,000 gross vehicle weight	Four tow vehicles	\$350.00
Class B	For tow vehicles under 26,000 gross vehicle weight	Five tow vehicles	\$400.00
Class B	For tow vehicles under 26,000 gross vehicle weight	Six tow vehicles	\$450.00
Class B	For tow vehicles under 26,000 gross vehicle weight	Seven or more tow vehicles	\$500.00
Truck Decal Fee for <u><b>Each</b></u> Tow Trucks (For example, three vehicles would total \$30.00)			\$10.00

### Calculation of Total Fees Due

License Class Application Fee	\$ _____
Decal Fee (Total number of Tow Trucks multiplied by \$10.00)	\$ _____
Total Application Fee Due	\$ _____

**One Free Driver Authorization Document ( You must attach new or renewal application, as appropriate, in order to be free. )**

**In order for the \$50 application fee to be waived, you must attach the appropriate driver authorization application and a fingerprint card for a National criminal background check along with the \$37.00 flow through background check processing fee.**

(d) \$ \_\_\_\_\_

Driver Name: \_\_\_\_\_ DAD No. \_\_\_\_\_ (if renewing)

**Driver Authorization Document and Fingerprint Card Attached? Yes \_\_\_\_\_ No \_\_\_\_\_**

One Free Driver Authorization Document (Attach new or renewal application as appropriate)

Grand Total Due with Application	\$ _____
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### Payment Options

1. Check or money order made payable to the "Treasurer of Virginia" in the amount of \$ \_\_\_\_\_
2. Credit Card - This section is to be used for CREDIT CARD PAYMENTS ONLY. If you elect this form of payment, complete this section in its entirety. Failure to complete this section in its entirety will result in the return of the application. If the fee is

Credit Card Type \_\_\_\_\_  
*MasterCard, Visa, American Express or Discover*

Credit Card No. 

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Payment Amount. \$ \_\_\_\_\_ Card Expiration Date. \_\_\_\_\_  
Month and Year

Card Verification Code \_\_\_\_\_

(Last three numbers on the back of a Master Card/Visa/Discovery or four numbers found on front of American Express)

Cardholder Name (Print) \_\_\_\_\_

Cardholder Address: \_\_\_\_\_  
(As shown on credit card statement including street or PO Box number)

\_\_\_\_\_  
(As shown on credit card statement including city, state, and zip code)

Cardholder Signature: \_\_\_\_\_